



### **Tuberculosis (TB) Guidance for Hurricane Katrina Workers and Evacuees: Finding Persons in Your Evacuation Center Who May Have TB**

In your evacuation center, you should actively look for and assess two groups of persons:

- Persons who were under treatment for TB disease before the storm
- Persons who currently have symptoms of active TB disease

To find these persons, you should ask the following questions. Use italicized words as prompts for evacuees.

1. Were you taking medicine for TB just before Hurricane Katrina? (If yes, go directly to the section, "Management of Persons Who Were Under Treatment for TB Before the Storm." If no, proceed with questions 2-5.)
2. Have you coughed up any blood in the last month?  
or
3. Do you have a cough that produces mucus that has lasted for at least 3 weeks?  
or
4. Have you felt feverish, or had chills, profuse sweating, or night sweats?  
or
5. Have you lost a lot of weight recently, such as more than 10 pounds? (*But clarify that not the result of a known reason, such as intentional weight loss for dieting or because of other known illness.*)

(If the person answers "yes" to any of questions 2-5, proceed to the section, "Management of Persons with Symptoms of TB Disease.")

#### **Management of Persons Who Were Under Treatment for TB Before the Storm**

Suggested questions to ask persons who are identified as being under treatment for TB before the storm:

- Did you **take any medicine** for your tuberculosis (*or TB*)?
  - When did you start this medicine? When did you stop? Were you still on this medicine when Katrina came? Are you out of medicine?
  - Do you remember the names of the pills? (*If they can't remember, try asking how many different types of pills they were taking for TB.*)
  - Who was giving you the medicine? (*Ask if they went to the health department or pharmacy, or if someone came and gave them each individual dose.*)
- **When** was this diagnosis made?
  - Do you remember if you had to cough up sputum (phlegm from deep inside your lungs) into a cup for your doctor or nurse to send to the lab? (*If needed, add that this would be part of the work-up for TB disease.*)
- **Who** prescribed your TB medicine?
  - **Very important: Try to get name and contact information for the health department or private provider who prescribed anti-TB treatment (or at least get the county/parish in which person lived).**

For persons you believe are under treatment for TB disease (not latent TB infection), immediate action is needed. This includes anyone in your evacuation center who was taking more than one medicine for TB or was receiving directly observed therapy for this disease. You should immediately notify one of the following persons:

Tuberculosis (TB) Guidance for Hurricane Katrina Workers and Evacuees:  
Finding Persons in Your Evacuation Center Who May Have TB  
(continued from previous page)

- In Alabama, Lois Pugh at 334-206-5330.
- In Mississippi, Steve Quilter at 601-576-7700.
- In Louisiana, Ted Misselbeck at [tmiselbeck@dhh.la.gov](mailto:tmiselbeck@dhh.la.gov) E-mail is preferred (do not put patient names into e-mails) or call 337-262-5616.
- In Texas, Charles Wallace at 512-458-7447.
- If you are in another state, you can use the following link to ascertain that state's TB control officer:  
<http://www.cdc.gov/nchstp/tb/katrina/tbcontrollers.htm>

If you are unable to reach these points of contact, please call Gail Burns-Grant at the Centers for Disease Control and Prevention, 404-639-8336.

### **Management of Persons with Symptoms of TB Disease**

If anyone in your evacuation center has symptoms of TB disease (that is, if the person answers "yes" to any of questions 2-5), request immediate medical evaluation for that person. Evaluating physicians should be aware of the risk factors for TB, including those associated with persons living in shelters. Evaluation typically includes taking a chest x-ray and collecting sputum. If the evaluating physician determines the symptomatic person is a TB suspect or there is any difficulty in obtaining a medical evaluation, contact the [state or local health department](#) about this person immediately. If you are unsuccessful in reaching the state or local TB program, please contact Gail Burns-Grant at 404-639-8336. If the person is determined to be a TB suspect, he or she should be placed in airborne infection isolation until either a diagnosis of TB disease has been excluded or the patient has been determined to be noninfectious.

If the health department determines that this person was potentially contagious while evacuating or staying in the evacuation center, a contact investigation will be needed. This is the process for learning the names and locations of persons who may have been exposed to this infectious disease and providing them any needed follow-up care. The contact investigation is done by the health department in cooperation with the evacuation center staff.

### **Additional Measures You Can Take to Prevent the Spread of TB**

TB is a respiratory disease and is spread when people with TB in their lungs cough or sneeze. For more information on preventing transmission of respiratory infections, use the following link to access *Respiratory Hygiene/Cough Etiquette in Healthcare Settings*:

<http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>.

**Most importantly, contact your state or local TB program if you suspect someone has TB disease.**

### **Background Information on Tuberculosis (TB)**

#### **What is TB?**

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

TB is spread through the air from one person to another. Bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

However, not everyone infected with TB bacteria becomes sick. People who are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But some people with latent TB infection go on to get TB disease.

Tuberculosis (TB) Guidance for Hurricane Katrina Workers and Evacuees:  
 Finding Persons in Your Evacuation Center Who May Have TB  
 (continued from previous page)

People with active TB disease can be treated and cured if they seek medical help. Even better, people with latent TB infection can take medicine so that they will not develop active TB disease.

**How is TB spread?**

TB is spread through the air from one person to another. Bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious.

People with active TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends, and coworkers.

| <b>The Difference Between Latent TB Infection and Active TB Disease</b>  |   |
|--|---|
| <b>A Person with Latent TB Infection (LTBI)</b>  | <b>A Person with Active TB Disease</b>  |
| <ul style="list-style-type: none"> <li>• Has no symptoms</li> <li>• Does not feel sick</li> <li>• Cannot spread TB to others</li> <li>• Usually has a positive skin test</li> <li>• Has a normal chest x-ray and sputum test</li> </ul> <p>May be taking medication to treat this condition (either isoniazid [INH] for 6-9 months or rifampin for 4 months)—these doses are usually self administered</p> | <ul style="list-style-type: none"> <li>• Has symptoms that may include                             <ul style="list-style-type: none"> <li>• A cough that lasts 3 weeks or longer</li> <li>• Pain in the chest</li> <li>• Coughing up blood or sputum</li> <li>• Weakness or fatigue</li> <li>• Weight loss</li> <li>• No appetite</li> <li>• Chills</li> <li>• Fever</li> <li>• Sweating at night</li> </ul> </li> <li>• May spread TB to others</li> <li>• Usually has a positive skin test</li> <li>• May have an abnormal chest x-ray, or positive sputum smear or culture</li> </ul> <p>Usually treated with four medicines (isoniazid, rifampin, pyrazinamide, and ethambutol) for at least 2 months, then isoniazid and rifampin for at least another 4 months—these doses are typically administered under directly observed therapy (DOT) by a health department worker</p> |

For more information, visit [www.bt.cdc.gov/disasters](http://www.bt.cdc.gov/disasters)  
 or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).